

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS389AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER ST JOSEPH GROUP CARE 9		STREET ADDRESS, CITY, STATE, ZIP CODE 205 HANCOCK STREET LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/17/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents and/or persons with mental illnesses. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. The following regulatory deficiencies were identified:	Y 000		
Y 070 SS=C	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 10/17/08, the facility failed to ensure 8 hours of training related to	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 providing for the needs of the residents was received annually by 1 of 1 employees. Findings include: On 10/17/08, a record review of Employee #1's file revealed no documented evidence of eight hours of annual training. Severity: 1 Scope: 3	Y 070			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in	Y 103			

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Y 103	<p>Continued From page 2</p> <p>accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest</p>	Y 103			

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Y 103	<p>Continued From page 3</p> <p>radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review on 10/17/08, the facility failed to ensure that 1 of 2 employees had received the required tuberculosis testing (#1).</p> <p>Findings include:</p> <p>Employee #1 was hired on 4/11/07. A record review of Employee #1's file revealed no documented evidence of a two-step tuberculin screening test in April 2007.</p> <p>This is a repeat deficiency from the 11/06/07 State Licensure survey.</p>	Y 103			

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Y 103	Continued From page 4 Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/17/08, the facility failed to ensure that 2 of 2 employees met the criminal history background check requirements.</p> <p>Findings include:</p> <p>On 10/17/08, a record review of Employee #1's file revealed no copy of fingerprints or background check results from the Nevada Criminal Repository.</p> <p>On 10/17/08, a record review of Employee #2's file revealed no copy of fingerprints or background check results from the Nevada Criminal Repository.</p> <p>This is a repeat deficiency from the 11/06/07 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 175 SS=D	<p>449.209(4)(b) Health and Sanitation-Hazards</p> <p>NAC 449.209 4. To the extent practicable, the premises of the</p>	Y 175		

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Y 175	Continued From page 5 facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 10/17/08, the facility was not free of hazards. Findings include: The edges of the flooring in the doorway of the caregiver's room did not meet and were not tacked down, creating a tripping hazard. Severity: 2 Scope: 1	Y 175			
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 10/17/08, the facility failed to ensure that the premises was well maintained. Findings include: The tile around the sink in Bathroom #1 was dirty with soap scum.	Y 178			

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Y 178	Continued From page 6 The tile in the shower in Bathroom #2 was dirty with soap scum and the grout was black. The toilet bowl in Bathroom #2 was dirty with dried feces. This is a repeat deficiency from the 11/06/07 State Licensure survey. Severity: 1 Scope: 3	Y 178			
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation and interview on 10/17/08, the facility failed to ensure that the kitchen was clean and the equipment was in good working condition. Findings include: On 10/17/08, observation of the gas stove revealed a build-up of dirt and grease. The stove required manual lighting of all the burners and the oven in order to operate. The dishwasher was covered with dried grease and was inoperable.	Y 250			

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Y 250	Continued From page 7 The exterior of the refrigerator and the cabinets were dirty with grease. The formica countertops were cracked and gouged. Interview with Employee #2 confirmed that the stove required manual ignition and that the dishwasher did not work. This is a repeat deficiency from the 11/06/07 State Licensure survey. Severity: 2 Scope: 3	Y 250		
Y 876 SS=A	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/17/08, the facility failed to ensure that an ultimate user agreement was signed for 1 of 6 residents (#2). Findings include: On 10/17/08, a record review of Resident #2's file revealed no documented evidence of an agreement authorizing the facility to administer medications to the resident. Severity: 1 Scope: 1	Y 876		

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Y 936	Continued From page 8	Y 936		
Y 936 SS=E	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or</p>	Y 936		

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Y 936	Continued From page 9 (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of	Y 936			

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Y 936	Continued From page 10 symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for	Y 936			

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Y 936	Continued From page 11 the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review on 10/17/08, the facility failed to ensure that 2 of 6 residents completed the required tuberculin testing (#2 and #6). Findings include: On 10/17/08, a record review of Resident #2's file revealed no documented evidence of any tuberculin screening. On 10/17/08, a record review of Resident #6's file revealed no documented evidence of any tuberculin screening. Severity: 2 Scope: 2	Y 936		
Y1010 SS=F	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental	Y1010		

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Y1010	<p>Continued From page 12</p> <p>illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/17/08, the facility failed to ensure 1 of 2 employees received the mandatory eight hours of training concerning the care of residents with mental illness (#2).</p> <p>Findings include:</p> <p>On 10/17/08, a record review of Employee #2's file revealed no documented evidence of the mandatory eight hours of training concerning the care of persons with mental illness.</p> <p>Severity: 2 Scope: 3</p>	Y1010		

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